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OBJECTIVE: To compare subjective response and compliance of olanzapine-treated patients and patients treated with other antipsychotics in an observational prospective study (EFESO). **METHODS:** Outpatients entered the study when they received a new prescription of an antipsychotic drug. Patients treated with olanzapine (n = 2128), risperidone (n = 417) and haloperidol (n = 112) were included in the analysis. Subjective response was measured using the 10-item version of the Drug Attitude Inventory (DAI-10). Treatment compliance was measured using a physician-rated 4 point categorical scale. Subjective response and compliance were compared between the treatment groups. Data were collected at baseline and after 3 and 6 months. **RESULTS:** Overall mean doses were respectively 13 mg, 5.4 mg and 13.6 mg for olanzapine, risperidone and haloperidol treated patients. All three groups had a positive subjective response to treatment. Olanzapine treated patients had significantly higher DAI-10 score compared to both risperidone and haloperidol treated patients at 3 months ($P = 0.003$ and $P < 0.001$ respectively) and at 6 months ($P < 0.001$ vs risperidone and haloperidol). Risperidone-treated patients had a higher DAI-10 score compared to haloperidol-treated patients at both 3 months and 6 months ($P = 0.003$). Olanzapine-treated patients had significantly better treatment compliance compared to both risperidone and haloperidol treated patients at 6 months ($P = 0.001$ and $P = 0.022$ respectively). **CONCLUSION:** Despite the limitations of an observational study, these results suggest that in routine clinical practice, olanzapine-treated patients exhibit a superior subjective response and compliance compared to risperidone and haloperidol treated patients.

PMH11

DEINSTITUTIONALIZATION MODEL IN SCHIZOPHRENIA: COST-CONSEQUENCES OF INTENSIVE CASE MANAGEMENT VERSUS STANDARD CASE MANAGEMENT

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OBJECTIVE: A model was developed to assess the clinical outcome and costs of an intensive deinstitutionalization strategy called Intensive Case Management (ICM) in comparison to Standard Case Management (SCM) for persons suffering of chronic schizophrenia and long term hospitalized (>1 year). **METHODS:** A Markov Model was constructed to describe the different possibilities of case management of long term hospitalized schizophrenic patients. The Markov states were classified to one of five categories hospital, institution, outpatient, dropout, and death, followed by either success or failure of the adopted case management. Clinical, functioning improvement, and patient discharge from acute care unit define success here. The Markov process iterates in 1-year cycles until the 5-year. Model probabilities are gathered from an ongoing ambispective cohort of patients assigned to ICM or SCM in the catchment area of Clermont-Ferrand. Control patients (SCM) were/are retrospectively chosen on the premise that they could have been selected for ICM group. Service utilization data are obtained from patient medical and administrative record while direct costs are obtained from the analytical accounting system of the catchment area. **RESULTS:** Based on the primary data collected (ICM: n = 42, SCM: n = 28), the outcomes of the two types of care showed, that the ICM was more effective in terms of success over the first one-year period 59% of the patients experienced a success as opposed to 25% in SCM. It was also shown that readmission to hospital was more likely in the SCM (67% as opposed to 22% in ICM). A threshold analysis will be performed in order to evaluate at which point ICM will be too costly for the hospital budget. **CONCLUSIONS:** With these outcome results, ICM is shown to be more effective than SCM. The model will be used to generate cost-effectiveness ratios, budgetary previsions for large-scale implementation of ICM, in order to help decision-makers in policy-making for mental health care organizations.

PMH12

DATA TRIANGULATION IN THE ASSESSMENT OF SUBSTANCE ABUSE TREATMENT OUTCOMES IN ADOLESCENT POPULATIONS

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OBJECTIVE: To assess the concordance of self reports, parental reports and urine drug bioassays as measures of drug use in adolescents treated for chemical dependency. Questions addressed are, (1) what is the concordance between self reports, parental reports and bioassays? (2) does the concordance vary over time? **METHODS:** Analyses are based on panel study data from 119 adolescents and their parents. Each adolescent completed drug treatment at the same facility in the same time period. To assess treatment effectiveness adolescents and their parents were followed prospectively and interviewed separately with a standardized questionnaire at 3, 6, 9 and 12 months post treatment. Random urine bioassays via enzyme immunoassay were administered during the study. Each adolescent was drug tested a minimum of 9 times. **RESULTS:** Eighty-one percent of the adolescents self-reported substance use during the study period and 31% had a positive urine bioassays (Cohen's Kappa $\kappa = .077$, $P = .388$). Sixty-five percent reported using alcohol while there were no bioassays positive for alcohol. The concordance between reported marijuana use and positive urine bioassays showed that 48% reported using marijuana while 29% had a positive marijuana bioassay ($\kappa = .40$, $P = .006$). Fifty-two percent reported using several different substances but had as many as ten negative drug screens. Sixty four percent of the parents of the adolescents who reported use confirmed that their child used in the first

three months ($\kappa = .42$, $P = .001$). Scores for the 6, 9 and 12-month survey were ($\kappa = .451$, $P = .001$; $\kappa = .755$, $P = .001$ and $\kappa = .183$, $P = .074$), respectively. No significant concordances between parental reports and bioassays were noted in any of the time intervals. **CONCLUSION:** This research shows a strong degree of concordance between adolescent and parental reports of drug and alcohol use. It shows that there is a lesser degree of concordance between both adolescent and parental reports and urine bioassays. When evaluating the results of this research one must realize that the adolescents knew they were would be required to give urine specimens and they also knew that their parents would be contacted to corroborate their responses. It is possible that such knowledge may yield more valid reporting. These findings suggest that outcomes data is best collected by querying adolescents and their parents while subjecting the adolescents to random drug urine bioassays. It also suggests that the urine bioassays are far from being a gold standard. Considering the high cost of urine bioassays, less frequent screens may be warranted if their primary effect is that of increasing the reliability of reports. Measuring the outcomes of substance abuse treatment services hinges on researcher's ability to measure post treatment drug and alcohol use. Since alcohol and drug use are illegal and socially stigmatized behaviors accurately measuring their prevalence is difficult. This research suggests that outcome measurement data should be triangulated—that is, several different methods of data collection should be used to assess drug and alcohol use—giving first preference to the self reports of the adolescents, and then using parental reports when the adolescent is unable or unwilling to participate and using infrequent but random urine bioassays to increase the reliability of the self-reports.

PMH13

THE MEDICAL COSTS OF DEMENTIA IN BELGIUM: RESULTS OF THE NADES STUDY

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OBJECTIVE: to assess medical costs of dementia for patient (P) and health system (HS) and identify determinants of high costs. **METHODS:** Study population = 605 subjects $\geq$ 65 years: two referent cohorts of 106 subjects without cognitive impairment and 113 subjects with cognitive impairment but no dementia and one cohort of 386 patients with mild (MMSE $\geq$ 21, n = 83), moderate/mild (MMSE 15–20, n = 108), moderate (MMSE 10–14, n = 62) or severe (MMSE $<$ 10, n = 133) dementia. Medical costs were calculated using retrospective data covering the last 12 months and included visits from GPs and to specialists, physiotherapy, nursing, hospitalizations, medications, material for incontinence. For demented patients, costs were calculated according to place of living (community, n = 218; institution, n = 168). Total costs and costs for HS and P were expressed as mean monthly costs. Multivariate covariance analysis was used to test the effect of dementia on medical costs controlling for other cost determinants. **RESULTS:** Total costs: the highest costs were for demented patients in institution, with an increase according to severity (17,077, 45,433, 44,082 and 61,667 Bef in the four subcohorts). The main cost components were nursing and hospitalizations. Costs for P: the highest costs were incurred for severely demented patients at home or in institution (5464 and 4191 Bef respectively), the main component being medications. Costs for HS: the highest costs were for demented patients in institution: 57,476 Bef for severe, 41,525 and 40,769 Bef for moderate/mild and moderate, 13,541 Bef for mild cases. By comparison costs for severely demented at home amounted to 14,165 Bef. In covariance analysis, dementia increased medical costs by 44% in comparison to referent subjects (95% CI: 18%–75%) after adjusting for age, VIPO status and co-morbidity. The increase was proportional to severity. Results of prospective data collection will be presented; implications will be discussed.

PMH14

COST OF CARE IN SCHIZOPHRENIA PATIENTS—RESULTS FROM THE NATIONAL OUTCOMES MEASUREMENT STUDY IN SCHIZOPHRENIA

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OBJECTIVES: This analysis was conducted to examine the principal cost drivers for patient care within the National Outcomes Measurement Study in Schizophrenia, a longitudinal, observational study of the clinical, humanistic, and economic outcomes of Canadian schizophrenia patients. **METHODS:** To date, 376 patients have been recruited from 32 academic and community sites across Canada. Inpatient (hospitalizations) and outpatient (health professional visits, counseling, legal costs, employment status) resource use (RU) is collected monthly from all patients. Physician-reported RU includes psychiatric medications. Mean costs of care per patient-month were established during the first three months after registration, and regression models measured the predictive power of baseline demographic and clinical parameters. **RESULTS:** At registration, 67% of the study patients were male, 90% Caucasian, 41 $\pm$ 11 years with an average age of onset of psychotic symptoms of 23 $\pm$ 7 years and an average duration of symptoms of 17 $\pm$ 11 years. Seventy percent had a Clinical Global Impression score of "mild to moderately ill"; 72% had a CGImprovement score of at least "minimally improved" and the mean SOFAS score was 60 $\pm$ 13. Based on 364 patients with at least 2 m of RU data, the average total cost was $CDN 3441 per patient-month, ($772: pharmaceuticals, $1430: inpatient care,